

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1.
 - a. Whether there should be reimbursement for date of service (DOS) 02/26/02?
 - b. The request was received on 05/10/02.

II. EXHIBITS

1. Requestor, Exhibit I:
 - a. TWCC-60 and Letter Requesting Dispute Resolution
 - b. HCFA
 - c. EOB
 - d. Medical Records
 - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit II:
 - a. TWCC-60 and Response to a Request for Dispute Resolution
 - b. HCFA
 - c. Medical Records
 - d. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
3. Per Rule 133.307 (g)(3), the Division forwarded a copy of the requestor's 14-day response to the insurance carrier on 06/21/02. Per Rule 133.307 (g)(4), the carrier representative signed for the copy on 06/21/02. The response from the insurance carrier was received in the Division on 07/05/02. Based on 133.307 (i) the insurance carrier's response is timely.
4. Notice of Letter Requesting Additional Information is reflected as Exhibit III of the Commission's case file.

III. PARTIES' POSITIONS

1. Requestor: letter dated 06/18/02
“(Provider) performs an anterior extraperitoneal exposure of the spine... We billed our procedure under CPT code 37799 (unlisted vascular) since there was no specific code to reflect his operative contribution in the treatment of disease of the spinal column.”
2. Respondent: letter dated 07/04/02

“It is this carrier’s position the requester improperly billed for the service that was rendered and NO reimbursement is due for the charges submitted under CPT code 37799... It is unreasonable for (Provider) to assert that the service in dispute is anything more than, ‘...an anterior arthrodesis approach...performed by a different surgeon...’ and that he is due more reimbursement for a portion of the procedure identified by CPT code 22558 than the maximum allowable reimbursement for the whole procedure.”

IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1&2), the only date of service eligible for review is 02/26/02.
2. The Carrier’s EOB has the denials: “F – N THE MEDICAL FEE GUIDELINE STATES IN THE IMPORTANCE OF PROPER CODING ‘ACCURATE CODING OF SERVICES RENDERED IS ESSENTIAL FOR PROPER REIMBURSEMENT’. THE SERVICES PREFORMED ARE NOT REIMBURSABLE AS BILLED.”
3. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT CODE	BILLED	PAID	EOB Denial Code	MARS	REFERENCE	RATIONALE:
02/26/02	37799-62	\$9500.00	\$0.00	F	DOP	Texas Workers’ Compensation Act & Rules, Rule 133.304 (c)	<p>The carrier’s explanation of its EOB denial “F” infers that the provider has used an incorrect CPT code. However, the denial does not reference any code that the carrier believes to be more appropriate thus not allowing the provider an opportunity to justify the billing. Therefore, the carrier’s denial does not meet the requirements of Rule 133.304 (c).</p> <p>The carrier’s response to the medical dispute indicates it believes the correct CPT code to use is 22554-65, the modifier –65 indicates Co-Surgeons. The descriptor for the billed CPT code 37799 states, “Unlisted procedure, vascular surgery” and the descriptor for modifier –62 states, “Two Surgeons: Under certain circumstances, the skills of two surgeons (usually with different skills) may be required in the management of a specific surgical procedure. In these circumstances, add the modifier “-62” to the procedure code used for reporting services by each surgeon. DOP is required.” Per the medical documentation, the provider of the services was a vascular surgeon who would also be a second surgeon.</p> <p>Therefore, provider is entitled to the \$6,861.67 requested on the TWCC-60.</p>

02/26/02	37799-51	\$3500.00	\$0.00	F	DOP	Texas Workers' Compensation Act & Rules, Rule 133.304 (c)	<p>The carrier's explanation of its EOB denial "F" infers that the provider has used an incorrect CPT code. However, the denial does not reference any code that the carrier believes to be more appropriate thus not allowing the provider an opportunity to justify the billing. Therefore, the carrier's denial does not meet the requirements of Rule 133.304 (c).</p> <p>The carrier's response to the medical dispute indicates it believes the correct CPT code to use is 22585-65, the modifier -65 indicates Co-Surgeons. The descriptor for the billed CPT code 37799 states, "Unlisted procedure, vascular surgery" and the descriptor for modifier -62 states, "Two Surgeons: Under certain circumstances, the skills of two surgeons (usually with different skills) may be required in the management of a specific surgical procedure. In these circumstances, add the modifier "-62" to the procedure code used for reporting services by each surgeon. DOP is required." Per the medical documentation, the provider of the services was a vascular surgeon who would also be a second surgeon.</p> <p>Therefore, provider is entitled to the \$2,200.00 requested on the TWCC-60.</p>
Totals		\$13,000.00					The Requestor is entitled to reimbursement in the amount of \$9,061.67

The above Findings and Decision are hereby issued this 18th day of October 2002.

Larry Beckham
Medical Dispute Resolution Officer
Medical Review Division

V. ORDER

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit \$9,061.67 plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this order.

This Order is hereby issued this 18th day of October 2002.

Carolyn Ollar
Medical Dispute Resolution Supervisor
Medical Review Division

CO/lb